

Community Pathways Waiver – Draft Proposal

Service Type: Statutory Service

Service (Name): Supported Employment

Alternative Service Title: **SUPPORTED EMPLOYMENT**

HCBS Taxonomy:

Check as applicable

- ☐ Service is included in approved waiver. There is no change in service specifications.
- ☒ Service is included in approved waiver. The service specifications have been modified.
- ☐ Service is not included in the approved waiver.

Service Definition:

- A. Supported Employment services help an individual find and keep a job.
- B. Supported Employment activities include:
1. Individualized job development and placement
 2. On-the-job training in work and work-related skills
 3. Ongoing supervision and monitoring of the individual's performance on the job
 4. Training in related skills needed to obtain and retain employment such as using community resources and public transportation
 5. Negotiation with prospective employers

SERVICE REQUIREMENTS:

- A. Supported Employment is an employment service.
- B. Services and supports are provided for individuals in finding and keeping jobs paid by a community employer.
- C. Individual must be engaged in Supported Employment activities a minimum of four hours per day.
- D. A person centered plan may include a mix of employment and day related waiver services such as Day Habilitation, Community Development Services, Transitional Employment Services, and Employment Discovery and Customization provided at different times.
- E. Supported Employment does not include volunteering.
- F. Supported Employment does not include payment for supervision, training, supports and adaptations typically available to other workers without disabilities filling similar positions.
- G. Medicaid funds may not be used to defray the expenses associated with starting up or operating a business.
- H. Under the traditional service model, transportation to and from the day activities will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

- I. Supported Employment services can also include personal care to support the employment activity.
- J. Supported Employment services may include professional services otherwise available under the individual's private health insurance (if applicable), the Medicaid State Plan, or through other resources.
- K. Documentation must be maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies)

- ☒ Participant Directed as specified in Appendix E
☒ Provider Managed

Specify whether the service may be provided by (check all that applies):

- ☐ Legally Responsible Person
☐ Relative
☐ Legal Guardian

Provider Specifications: (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Individual	Individual for self-directed services
Agency	Licensed DDA Vocational or Day Habilitation Service Provider

Provider Category: Individual

Provider Type: Individual for self-directed services

Provider Qualifications License (specify):

License (specify):

Certificate (specify):

Other Standard (specify):

1. Individuals in self-directing services, as the employer, determine staff specific requirements and may require additional provider requirements based on their preferences and level of needs such as:
 - a. DDA approved certification in discovery, customized employment, and job development;
 - b. Current first aid and CPR training and certification;
 - c. Training by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information);

- d. Passing a criminal background investigation; and
 - e. Signing a self-directed provider agreement verifying qualifications and articulating expectations.
2. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians.

Verification of Provider Qualifications Entity

Responsible for Verification:

- Fiscal Management Service providers for verification of individual specific qualifications
- Coordinator of Community Services for use of a relative as a service provider

Frequency of Verification:

- Fiscal Management Services - prior to service delivery
- Coordinator of Community Services prior to service initiation and during annual team meetings

Provider Category: Agency

Provider Type: Licensed DDA Vocational or Day Habilitation Service Provider

Provider Qualifications License (specify):

License (specify):

Licensed DDA Vocational or Day Habilitation Service Provider as per COMAR 10.22.02 and 10.22.07

Certificate (specify):

Other Standard (specify):

Staff must possess appropriate licenses/certifications as required by law based on service provided and needs of the individual at time of service.

Nurses completing the Health Risk Screening Tool (HRST) must complete all required HRST training and be certified.

Verification of Provider Qualifications Entity

Responsible for Verification:

- DDA for license
- Provider for staff licenses, certifications, and training

Frequency of Verification:

- DDA – annual for license
- Provider – prior to service delivery